BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	)	
SANGJOON JAY LEE, M.D.	)	**Case No. 800-2016-021876**
Physician's and Surgeon's Certificate No. C50371	)	
Respondent	)	

DECISION

The attached Stipulated Surrender of License is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on March 7, 2019

IT IS SO ORDERED February 28, 2019

MEDICAL BOARD OF CALIFORNIA

By: _____
Kimberly Kirchmeyer
Executive Director

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
REBECCA L. SMITH
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California Department of Justice
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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: SANGJOON JAY LEE, M.D. P.O. Box 76120 Los Angeles, California 90076 Physician's and Surgeon's Certificate No. C 50371, Respondent.	Case No. 800-2016-021876 OAH No. 2018100527 **STIPULATED SURRENDER OF LICENSE AND ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical Board of California ("Board"). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Rebecca L. Smith, Deputy Attorney General.

2. Sangjoon Jay Lee, M.D. ("Respondent") is represented in this proceeding by attorney Raymond J. McMahon, whose address is 5440 Trabuco Road, Irvine, California 92620.

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3. On or about March 3, 2000, the Board issued Physician's and Surgeon's Certificate No. C 50371 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-021876 and will expire on November 30, 2019, unless renewed.

JURISDICTION

4. Accusation No. 800-2016-021876 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 1, 2018. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2016-021876 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-021876. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2016-021876, agrees that cause exists for discipline and hereby surrenders Physician's and Surgeon's Certificate No. C 50371 for the Board's formal acceptance.

9. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

10. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

11. The parties understand and agree that Portable Document Format ("PDF") and facsimile copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

12. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 50371, issued to Respondent Sangjoon Jay Lee, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

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3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2016-021876 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2016-021876 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Raymond J. McMahon. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: _____

SANGJOON JAY LEE, M.D.
Respondent

I have read and fully discussed with Respondent Sangjoon Jay Lee, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: _____

RAYMOND J. MCMAHON
Attorney for Respondent

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2016-021876 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Raymond J. McMahon. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: Feb 13, 2019

SANGJOON JAY LEE, M.D.
Respondent

I have read and fully discussed with Respondent Sangjoon Jay Lee, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 2/19/2019

RAYMOND J. MCMAHON
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

Dated: 2/20/19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2016-021876

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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **Sangjoon Jay Lee, M.D.** **P.O. Box 76120** **Los Angeles, CA 90076-0120** **Physician's and Surgeon's Certificate No. C 50371,** Respondent.	Case No. 800-2016-021876 **A C C U S A T I O N**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about March 3, 2000, the Medical Board issued Physician's and Surgeon's Certificate Number C 50371 to Sangjoon Jay Lee, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on November 30, 2019, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code provides:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

5. Section 2234 of the Code provides:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

6. Section 2266 of the Code provides:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

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STANDARD OF CARE

7. The physician and surgeon is responsible for the medical management of the patient during and after any surgical procedure.

8. If there is a determination that a medical specialist should be consulted, in order to provide the best care for the patient, the medical specialists must be consulted expeditiously.

9. The standard of care for a patient admitted from major surgery is to have a detailed history and physical examination documented in the patient's medical records. Post operative progress notes must provide a contemporaneous, legible account of the outcome of the procedures performed, and the resultant condition of the patient. The notes must document the patient's vital signs, both at intake and at discharge. The notes must document all objective and subjective findings regarding the patient's status.

10. The standard of care for the care, treatment and management of a surgical patient post operatively includes a prompt examination, diagnosis and treatment of all consequences of the surgical procedures.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

11. Respondent is subject to disciplinary action under Business and Professions Code section 2234, subdivision (b), in that he committed gross negligence during the care, treatment and management of one patient,[1] as follows:

A. On February 3, 2012, Patient 1, a female, 54 years old, was admitted to the hospital due to a "giant" pelvic tumor. The mass was measured 22 inches in length. Patient 1 was taken to surgery for a planned total hysterectomy with bilateral salpingo-oophorectomy (TAH+BSO). Pre-operative work-up demonstrated a fibroid uterus, a hemoglobin of 16.9, and a negative Ca-125. At surgery, it was necessary to convert the pfannenstiel, a horizontal suprapubic incision, into an inverted T incision. An attempt was made to remove the mass piecemeal, but an extensive "very vascular venous complex" was

[1] In order to protect the patient's rights of privacy, the patient is referred to as Patient 1. The true name of the patient is known to Respondent and will be disclosed to him upon his timely request for discovery.

encountered underneath what was presumably the broad ligaments. Adhesions and oozing were encountered in the left adnexa, prohibiting removal of the left tube and ovary. A Jackson-Pratt tube was placed in the pelvis. The operation took 1 hour and 40 minutes, concluding at 3:25 p.m. Estimated blood loss was reported as 1000 cc by the surgeon and 300 cc by the anesthesiologist.

B. In the post operation recovery unit (PACU), Patient 1 became hypotensive after the administration of Hydralazine. Blood pressures remained in the 70s. At 6:35 p.m., her hemoglobin (Hb) was 10.2. Respondent ordered a blood transfusion due to the persistent hypotension. When the transfusion did not improve the blood pressure (BP), the patient was transferred to the intensive care unit (ICU)) where a total of 5 units were transfused and a chest x-ray was taken.

C. The February 4, 2012 hemoglobin and hematocrit, taken at 3:00 a.m. was 11.5/33.8. When Respondent saw Patient 1 at 6:45 a.m., he documented that he planned to "re-explore once (the patient was) stabilized." Respondent noted that the patient had been stable until morphine or Dilaudid was administered for pain. This immediately resulted in shortness of breath and required intubation. A code blue was called at 9:00 a.m.

D. At 10:00 a.m., a complete panel of consults were requested, including cardiology, hematology, neurology, surgery, pulmonary, and nephrology. Each medical specialist concluded that the patient suffered from severe hypotension due to hypovolemic shock resulting in multi organ compromise. At 10:45 a.m., the Hb was 4.4 and the platelets were 135,000. The cardiologist diagnosed the patient as "obtunded" and recommended an exploratory lap due to continued blood loss. The abdomen was distended and the J-P tube was draining frank[2] blood.

E. Patient 1 was taken back to the operating room on February 4, 2012, at around 1:00 p.m. Generalized oozing was encountered, along with bilateral retroperitoneal

[2] Frank blood is used to describe the obvious, visible presence of blood. Examples include fresh blood in vomit, urine, or feces, or blood that is found on the examiners hand upon examining an internal or external wound.

hematomas. Packing was left as bleeding could not be controlled due to what was diagnosed as disseminated intravascular coagulopathy (DIC).[3] The following morning, Patient 1 again coded. She passed away on February 5, 2012, at 7:35 a.m.[4]

F. When Patient 1 became hypotensive in the recovery room, supportive measures were initiated. A thorough evaluation was undertaken when the condition persisted. The patient was treated with two separate courses of blood transfusions and moved to the intensive care unit (ICU). This post-operative complication needed to be evaluated by the surgeon in order to identify the etiology of the hypotension, in this case intra-abdominal bleeding.

G. Respondent's failure to examine a patient with severe and persistent post-operative hypotension constitutes an extreme departure from the standard of care.

H. While Patient 1 remained hypotensive since the immediate post-operative period, numerous specialists were called to see the patient after she had become obtunded due to hypovolemic shock. Consultations were requested in order to deal with each new complication that arose and the subsequently effected different organ systems, while not correcting the root cause of the problem, which was acute blood loss.

I. No notes were found that addressed the consultant's recommendations or incorporated those findings into the treatment plan.

J. Respondent's delay in obtaining consultations is a simple departure from the standard of care.

K. Respondent's excessive use of consultants on an obtunded patient, under the facts of this case, constitutes a simple departure from the standard of care.

L. Respondent's medical records and other documentation for Patient 1 were sparse and revealed only limited information. His handwritten notes are illegible and require interpretation as to their meaning. For example, the February 4, 2012, note written

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[3] DIC is a condition in which blood clots form throughout the body blocking small blood vessels. As clotting factors and platelets are used up, bleeding occurs.

[4] The death certificate listed the cause of death as cardiac arrest secondary to DIC and a large pelvic tumor.

at 6:45 a.m. was sloppy, disorganized, and appears to be an addendum or continuation of the post-operative note, written on February 3, 2012. No differential diagnosis or treatment plan was elucidated. No follow-up notations were provided. There is no documentation or other evidence of any physical examination of the patient. Respondent's impressions of the ongoing medical condition of Patient 1 are not documented. Respondent's treatment plan for Patient 1, too, is not documented.

M. Respondent's failure to prepare and maintain adequate medical records for Patient 1 constitutes a simple departure from the standard of care.

N. Respondent placed the Jackson-Pratt drain into the pelvic cavity in order to prevent the accumulation of fluid. Strict monitoring of its output is necessary to assess internal bleeding.

O. A Jackson-Pratt tube was placed intra-operatively due to "oozing". The location of the exit wound in the skin was not noted. Post-operative orders for the maintenance of the draining tube, along with recording its output, were not charted. When the general surgeon examined Patient 1, on February 4, 2012, he noted that the Jackson-Pratt tube was draining frank blood.

P. Respondent's follow-up of the Jackson-Pratt drain placement constitutes a simple departure from the standard of care.

Q. Patient 1 experienced hypotension which remained unresponsive to medical therapy. This problem began on February 3, 2012, in the PACU, persisted after her transfer to the ICU, and continued through the night despite five blood transfusions. Respondent did not see the patient until 6:30 a.m., on February 4, 2012, even though he noted that there was "no ICU M.D. in house." There were no chart notes documenting a physical examination of the abdomen or status of the Jackson-Pratt tube drainage during that time period.

R. The lengthy delay (sixteen hours) in assessing Patient 1's post-operative condition and in establishing the etiology of her hypotension, represents an extreme departure from the standard of care.

S. Post-operative internal bleeding is a medical emergency requiring prompt surgical intervention. Surgery was completed at 3:25 p.m., on February 3, 2012. Blood pressure fell and remained in the 70s after 3:30 p.m. The patient's blood pressure did not respond to Trendelenburg positioning, ephedrine, or other interventions. Patient 1 was transfused at 7:25 p.m. without change. Management was assumed in the ICU, at 10:15 p.m., without change. Respondent did not see the patient until 6:30 a.m., on February 4, 2012. At that time, Patient 1 was intubated after receiving a morphine injection for severe pain.

T. When the general surgeon, Dr. K., consulted on the case, he found the patient's abdomen distended and firm with no bowel sounds. The Jackson-Pratt tube was draining frank blood. He recommended re-exploration of the abdomen for the source of blood loss. Beginning at 10:00 a.m., six other consultations were obtained. Patient 1 was described as "obtunded." Patient's Hb was 4.4 at 10:45 a.m. Respondent's records do not include the time of service; however, the surgery did not begin until around 1:00 p.m.

U. The delay in returning Patient 1 to the operating room constitutes a simple departure from standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

12. Respondent is subject to disciplinary action under Business and Professions Code section 2234, subdivision (c), in that he committed repeated negligent acts during the care, treatment and management of one patient, as follows:

A. Complainant refers to and, by this reference, incorporates herein paragraph 11, above, as though fully set forth.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Records)

13. Respondent is subject to disciplinary action under Business and Professions Code section 2266, in that he failed to prepare and maintain adequate and accurate medical records, as follows:

A. Complainant refers to and, by this reference, incorporates herein paragraph 11, above, as though fully set forth.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

14. Respondent is subject to disciplinary action under Business and Professions Code section 2234, generally, in that he committed unprofessional conduct during the care, treatment and management of one patient, as follows:

A. Complainant refers to and, by this reference, incorporates herein paragraph 11, above, as though fully set forth.

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DISCIPLINARY CONSIDERATIONS

15. To determine the degree of discipline, if any, to be imposed on Respondent Sangjoon Jay Lee, M.D., Complainant alleges that on or about February 9. 2018, in a prior disciplinary action entitled *In the Matter of the Accusation Against Sangjoon Jay Lee, M.D.*, before the Medical Board of California, in Case Number 800-2014-009361, Respondent's license was publicly reprimanded for failing to prepare and maintain adequate medical records. That decision is now final and is incorporated by reference as if fully set forth herein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number C 50371, issued to Sangjoon Jay Lee, M.D.;

2. Revoking, suspending or denying approval of Sangjoon Jay Lee, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Sangjoon Jay Lee, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and.

4. Taking such other and further action as deemed necessary and proper.

DATED: August 1, 2018

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

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